



New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Professional Engineers and Land Surveyors
124 Halsey Street, 3rd Floor, P.O. Box 45015
Newark, New Jersey 07101
(973) 504-6460

Change of Address Form for a Professional License

Please print the new address(es) below.

Last Name First Name Middle Name or Initial

License Number: _____ Profession: _____
(Alpha letters plus the six-digit license number)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. **One of your addresses must include a street, city, state and ZIP code.**

Information that you provide on this application (including your address of record) may be subject to public disclosure as required by the Open Public Records Act (OPRA).

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

Please mail this form to: State Board of Professional Engineers and Land Surveyors, P.O. Box 45015, Newark, NJ 07101, or fax it to 973-273-8020.

Certification: Under penalties of perjury, I declare that the change-of-address information indicated above is true, complete and correct.

Sign Here: _____ Date: ____ / ____ / ____